

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECD APR 19 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9445**
Registrar's No. **2928**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **City Sanitarium**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **18 days**
19 years (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME **Walter Scott Jenkins**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Eva. Brewer** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **May 22, 1865**
(Month) (Day) (Year)

8. AGE: Years **74** Months **10** Days **1** If less than one day _____ hr. _____ min.

9. Birthplace **Cloverdale Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Telegrapher**

11. Industry or business **Railroad**

12. Name **Jessie Jenkins**

13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown Unknown**
(City, town, or county) (State or foreign country)

15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **City Sanitarium**
(b) Address **5400 Arsenal St.**

17. (a) **CREMATION** (b) Date thereof **3-29-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CITY CREMATORY**

18. (a) Signature of funeral director **ALBERT H. HOPPE**
(b) Address **4100 WASHINGTON AVE.**

19. (a) **MAR 29 1940** (b) **J. F. [Signature]**
(Date received local registry) (Signature of Registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **13**
(If outside city or town limits, write "RURAL")
(d) Street No. **City Infirmary**
5800 Arsenal St. (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **23rd.**,
year **1940** hour **5:30** minute _____ a.m. M.

21. I hereby certify that I attended the deceased from **March 6,** 19**40**, to **March 23,** 19**40**,
that I last saw him alive on **March 23,** 19**40**,
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Chronic Myocarditis 3-6-40 x

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **No**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) While at work _____ (e) Means of injury _____

23. Signature **Paul T. Hartman** (M. D. or other) _____
Address **5300 Arsenal** Date signed **3-29-40**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

No Embalmer
Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.